

OFFICE POLICIES

PAYMENT OF FEES:

Co-Payments are due on the day services are rendered. A 50% deposit is required prior to ordering prescription glasses and/or contact lenses. The remaining 50% balance is due when prescription glasses and/or contact lenses are dispensed.

INSURANCE:

Our office is a participating provider for *VSP* (Vision Service Plan), *MESC* (Medical Eye Services) and *Blue Cross PPO* (not the HMO or POS).

Please note that insurance does NOT cover the Contact Lens Exam or Follow-up Evaluation(s)._____

As a courtesy, our office will bill another PPO as an out-of-network provider. This does *NOT* guarantee payment and the patient is responsible for all unpaid services._____

FEES FOR MISSED APPOINTMENTS:

There will be a charge of \$50.00 applied to the patient's account for all no-shows. A 24-hour notice of cancellation is needed so we may offer the appointment to another patient._____

LAB POLICY:

New frames have a 1 year warranty for manufacturer defects only. This warranty does *NOT* cover normal wear and tear, breakage, loss, etc. The warranty date begins on the day the prescription eyewear is ordered and can be replaced only once.

New frame and lenses with a premium anti-reflective treatment and premium scratch protection come with a 2-year warranty. All other lenses and frame are under warranty for 12-months. The lab will re-do the lenses, in the original frame, one time at no additional charge.

First time progressive lens patients that are unable to adapt will be given the option to replace the lenses with either lined bifocals or single vision lenses at no additional fee. There is no refund for the upgraded fee on progressive lenses.

The lab (and this office) cannot be responsible for frames purchased from an outside source. Any frame sent to the lab will be the patient's responsibility.

PRESCRIPTION CHANGES:

If for some reason the patient is unable to adapt to his/her new prescription, the lab will re-do the lenses

with a new prescription (must be in the original frame) within a 30-day period._____

REPAIRS AND MAINTENANCE:

Our office will provide minor repairs (screw replacement, nose pads, adjustments, rimlon) at no charge provided the eyewear was purchased at our office.

Any repairs that are sent to the lab for repair will be charged accordingly.

Frame/lenses obtained through an outside source will be serviced for a fee starting at \$10.00 and up. We recommend frames purchased at another location be serviced through that provider as we are not responsible for replacement should breakage occur.

INFORMED CONSENT FOR REUSING OLD FRAMES:

I understand that due to the age of my frames, they may break or crack when new lenses are inserted. I release this office and members of the staff from any claims of damage to these frames as they are being reused at my request._____

REFUNDS:

All eyewear are considered custom orders. Please take time to select your frame and lens options. Our staff is available to answer any questions you may have. If, for any reason, your frame and or lens order is cancelled, the following will apply: *25% non-refundable cancellation fee - 75% in office credit.* _____

CONTACT LENS RETURN/EXCHANGE POLICY:

All units must be unopened, in good condition and unmarked. Contacts must be returned within 30 days from the date of examination. Only units purchased through our lab may be brought back for return or exchange. _____

Thank you for choosing our office for your eye care needs.

Patient name _____

Patient signature_____ Date_____

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